 <p>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</p>	Application Number	10/699,610
	Filing Date	10/30/03
	First Named Inventor	Joseph M. Schmitt
	Title	DEVICE AND METHOD FOR MONITORING BODY FLUID AND ELECTROLYTE DISORDERS
	Art Unit	3742
	Examiner Name	
	Attorney Docket Number	009103-017211

I hereby appoint:

☒ Practitioners associated with the Customer Number

20350

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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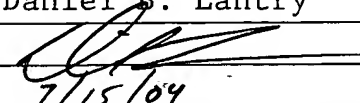
<input type="checkbox"/> Firm or Individual Name					
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Daniel B. Lantry			
Signature				
Date	7/15/04	Telephone	925-463-4436	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.